

CHECKLIST FOR TECHNICIANS GOING ABSENT-US (LWOP-US)

ARMY: Submit this form through GEARS with your military orders and Standard Form 52 before entering military duty.
AIR: Submit this form to the Remote Designee with your military orders and Standard Form 52 before entering military duty.

TECHNICIAN NAME: _____

Inclusive dates of military duty (As stated on military orders): _____ to _____

You are encouraged to fill this form out with the HRO or the Remote Designee

DATE OF PHONE CALL OR APPOINTMENT WITH HRO: _____ (Date & Time)

*We are open T-F 0630-1700, scheduled appointments are encouraged however, and walk-ins are always welcome.

We are located at: Fifth Regiment Armory, 29th Division Street Baltimore, MD 21201

Our office numbers are 410-576-6047, 410-576-6046, 410-576-6121, 410-576-6052

1. I want to be:

- ☐ Placed on Leave of Absence (**Absent-US (LWOP-US)**) effective _____ (Date)
☐ Separated from technician employment (**Separation-US**) effective _____ (Date)

2. Military Leave, Annual Leave, Compensatory Time for Travel & LWOP

Leave able to be used PRIOR to effective date of ABSENT-US (LWOP-US)

Compensatory Time: _____ to _____ (Date to date)

Time Off Award: _____ to _____ (Date to date)

Leave able to be used AFTER effective date of ABSENT-US (LWOP-US)

(Fill out OPM 71 and turn into your timekeeper or Customer Service Representative)

Military Leave being used: _____ to _____ (Date to date)

Annual Leave being used: _____ to _____ (Date to date)

Sick Leave being used: _____ to _____ (Date to date)

3. TSP Loan: Do you have a TSP Loan? ☐ Yes ☐ No

If yes, our office will complete a TSP Form 41 and notify TSP. If you acquire a loan while on military status, contact the HRO immediately at (410) 918-6047, or (410) 918-6046.

4. Health Benefits:

- ☐ I am not presently covered by FEHB.
☐ I am presently covered by FEHB _____ (type or current health coverage)
☐ I elect to continue my health benefits and want to incur a debt. Premiums will be collected upon my return to duty by paying double premiums.
☐ I am eligible for payment of the employee's share (approved contingency only of up to 12 months).
☐ I elect to continue my health benefits and pay DFAS directly.
☐ I elect to terminate my health benefits the last day of the pay period before my orders begin and automatically restore upon return to duty.

5. Federal Employees Group Life Insurance (FEGLI). Continues up to 12 months at no cost to you.

- ☐ I am not presently covered by FEGLI.
☐ I elect to terminate my FEGLI after 12 months and reinstate upon return to duty.
☐ I elect to continue my FEGLI after 12 months, pay the agency and employee shares of the premiums while I am deployed and reinstate upon return to duty.

6. Additional Benefits

Federal Employee Dental and Vision Insurance Program (FEDVIP): *Contact BENEFEDS at 1-877-888-3337.*

Long Term Care Insurance (LTCI): *Contact LTC Partners at 1-800-582-3337*

Flexible Spending Account (FSA): *Contact FSA at 1-877-372-3337*

7. Change of Beneficiary Forms

Federal Employees Retirement System (FERS): [SF 3102](#) - *File with the HRO.*

Civil Service Retirement System (CSRS): [SF 2808](#) - *File with the HRO.*

Thrift Savings Plan (TSP): [TSP-3](#) - *Mail to TSP at the address on the form.*

Federal Employees' Group Life Insurance (FEGLI): [SF 2823](#) - *File with the HRO*

* Do NOT erase, cross-out, or white-out anywhere on these forms.

If there are any questions regarding the above please contact the HRO-Services section at:

usaf.md.175-wg.list.hro-services@mail.mil

8. Certification:

I certify the above information is correct and I understand my elections, restoration rights, and benefits. I also acknowledge that I must remain in contact with my supervisor regarding my status.

_____ (Type or Print Name)	_____ (Signature and Date)
_____ (Personal Email)	_____ (Cell Phone Number)

[illegible]

HRO LWOP-US Checklist (Revised 01 March 2016)